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**IDAPA 16
TITLE 03
CHAPTER 18**

16.03.18 - MEDICAID COST-SHARING

000. LEGAL AUTHORITY.

Under Section 56-202(b), Idaho Code, the Legislature has delegated to the Department of Health and Welfare the responsibility to establish and enforce such rules as may be necessary or proper to administer public assistance programs within the state of Idaho. Under Sections 56-239 and 56-240, Idaho Code, the Idaho Legislature has authorized the Department of Health and Welfare to define program requirements and eligibility conditions for federal financial assistance in medical assistance programs. Furthermore, the Idaho Department of Health and Welfare is the designated agency to administer programs under Title XIX and Title XXI of the Social Security Act. (7-1-06)T

001. TITLE AND SCOPE.

01. Title. The title of this chapter is IDAPA 16.03.18, "Medicaid Cost-Sharing." (7-1-06)T

02. Scope. Under Sections 56-239 and 56-240, Idaho Code, these rules describe the general requirements regarding the administration of the cost-sharing provisions for participation in a medical assistance program providing direct benefits in Idaho. This chapter does not apply to participants receiving benefits under IDAPA 16.03.16, "Premium Assistance." (7-1-06)T

03. Policy. It is the policy of the Department certain participants share in the cost of their benefits. (7-1-06)T

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency may have written statements which pertain to the interpretation of the rules of this chapter. These documents are available for public inspection as described in Sections 005 and 006 of these rules. (4-6-05)

003. ADMINISTRATIVE APPEALS.

All administrative appeals are governed by provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings". (4-6-05)

004. INCORPORATION BY REFERENCE.

No documents have been incorporated by reference into these rules. (4-6-05)

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE NUMBER -- INTERNET WEBSITE.

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (4-6-05)

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (4-6-05)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (4-6-05)

04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (4-6-05)

05. Internet Website. The Department's internet website is found at "http://www.healthandwelfare.idaho.gov". (4-6-05)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS.

Any use or disclosure of Department records must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records". (4-6-05)

007. -- 009. (RESERVED).

010. DEFINITIONS.

- 01. Cost-Sharing.** A payment the participant is required to make toward the cost of his health care. (4-6-05)
- 02. Department.** The Idaho Department of Health and Welfare, or a person authorized to act on behalf of the Department. (7-1-06)T
- 03. Director.** The Director of the Department of Health and Welfare or his designee. (7-1-06)T
- 04. Federal Poverty Guidelines (FPG).** The federal poverty guidelines issued annually by the U. S. Department of Health and Human Services (HHS). (7-1-06)T
- 05. Participant.** A person who is found eligible under IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children," and receives medical assistance under IDAPA 16.03.09, "Medicaid Basic Plan Benefits." (7-1-06)T
- 06. Premium.** A regular and periodic charge or payment for health coverage. (4-6-05)
- 07. Social Security Act.** 42 U.S.C. 101 et seq., authorizing, in part, federal grants to the states for medical assistance to eligible low-income individuals. (4-6-05)
- 08. State.** The state of Idaho. (4-6-05)

011. -- 199. (RESERVED).

200. PREMIUMS FOR PARTICIPATION IN MEDICAID BASIC PLAN.

- 01. Family Income Above 133% of FPG.** Each participant with family income at or above one hundred and thirty-three percent (133%) of the Federal Poverty Guideline (FPG) but below one hundred and fifty percent (150%) of the FPG must pay a monthly premium of ten dollars (\$10) to the Department. (10-1-06)T
- 02. Family Income Above 150% of FPG.** Each participant with family income of one-hundred and fifty percent (150%) of the Federal Poverty Guideline (FPG) or above must pay a monthly premium of fifteen dollars (\$15) to the Department. (10-1-06)T
- 03. Failure to Pay Premium.** A participant's failure to pay the premium can make the participant ineligible. (10-1-06)T
- 04. Department Responsibilities.** (10-1-06)T
- a.** A participant must not be assessed premiums during the time initial eligibility is determined. Obligation for premium payments does not begin for at least sixty (60) days after receipt of application. (10-1-06)T
- b.** A participant must not be assessed premiums for extra months of eligibility received due solely to the Department's late review of continuing eligibility. (10-1-06)T
- c.** A participant must not be assessed premiums for months of retroactive eligibility. (10-1-06)T
- d.** The Department is required to routinely notify a participant of his premium payment obligations including any delinquencies, if applicable. (10-1-06)T

201. -- 249. (RESERVED).

250. DELINQUENT PREMIUM PAYMENTS.

If the participant is sixty (60) days or more past due on its premium payments, the participant is contacted to determine the reason for the delinquency. If the participant's countable income is less than the amount used for the most recent eligibility determination, the participant is offered a new eligibility determination. If a participant's family income is at a level that does not require premium payments, the premium will no longer be assessed. The change is effective the month after the participant becomes eligible for such benefits. The following Subsections 250.01 through 250.03 of this rule apply to delinquent premium payments. (10-1-06)T

01. Delinquent Payments. A participant must not be approved for or renewed for coverage that requires premium payments, if his premium payments are sixty (60) days or more delinquent as of the last working day of his twelve (12) month eligibility period. (10-1-06)T

02. Reestablishing Eligibility. A participant can reestablish eligibility by paying the premium debt in full, unless one (1) of the conditions listed in Subsection 250.03 applies. (10-1-06)T

03. Premium Debt. Any premium debt assessed, but not paid, will be forgiven if one (1) of the following applies: (10-1-06)T

a. The participant reports and the Department determines that the participant's family income is below one hundred and thirty-three percent (133%) FPG. This may occur at any time during the eligibility period; or (10-1-06)T

b. A participant in the Medicaid Basic Plan has a medical condition that requires the participant to receive the benefits provided in IDAPA 16.03.10 "Medicaid Enhanced Plan Benefits." (10-1-06)T

251. -- 999. (RESERVED).

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